Emergency treatment in a casualty ward

Did you know Fedhealth is one of the few schemes that pay for trauma procedures from the Risk Benefit. However, a co-payment of R600 per visit for non-PMB conditions will apply on maxima EXEC, maxima EXEC\textsc{grid}, flexiFED 4, flexiFED 4\textsc{grid}, flexiFED 4\textsc{elect}, flexiFED 3, flexiFED 3\textsc{grid}, flexiFED 3\textsc{elect}, flexiFED 2, flexiFED 2\textsc{grid}, flexiFED 2\textsc{elect}, flexiFED 1, flexiFED 1\textsc{grid} and myFED.

According to the rules of the scheme, a trauma or emergency treatment is defined as a physical injury caused to the body by an external force, which requires immediate attention or, for life threatening conditions, that requires immediate hospitalisation after treatment in the trauma unit.

Claims will be paid from risk if...

- A member visits the trauma unit of a clinic or hospital for emergency treatment such as suturing.
- A member visits the clinic or hospital with a life threatening condition and is admitted immediately for further treatment.

Claims will not be paid from risk if...

- A member visits the trauma unit of a clinic or hospital with an ailment other than a life threatening condition and is not admitted immediately into hospital.

These claims will be paid from the Day-to-Day benefit as normal GP consultations.

Trauma incidents must be authorised by the Authorisation Centre

The member, member’s family or hospital must contact the Authorisation Centre on 0860 002 153 within 2 working days of treatment taking place to get an authorisation number. If authorisation is not obtained, all claims will be paid from the member’s Day-to-Day benefit, and not from the Risk Benefit.

The authorisation number is important!

The authorisation number must appear on all claims relating to the trauma incident if they are to be paid from the Risk Benefit. This also helps speed up claims processing for payment.